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Date: February 27, 2006

Time: 2:31 P.m. (Minneapolis)

Number of pages (including this page): 3

F&B File No.: 331597 Rec.: 478

From: Walter C. Linder

Telephone Number: 612/766-8801

To:

Fax No.: 571-273-8300

Art Unit: 3738

Phone No.: _____

Patent & Trademark Office, Technology Center 3700

Inventor(s): Clifton A. Alferness

Examiner:

Appln. No.: 10/672,227

Group Art Unit: 3738

Filing Date: 09-26-2003

Title: CARDIAC REINFORCEMENT
DEVICE

Docket No. 59013-331597

Documents attached:

Power of Attorney to Prosecute Applications Before the USPTO (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

**If you do not receive all pages, please call the Fax Center at
612/766-1650 or Elaine Raiten at 612/766-8728.**

F&B (10-05) SB/80 (04-05)

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with Customer Number:

25764

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number

25764

OR

| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Email | | |

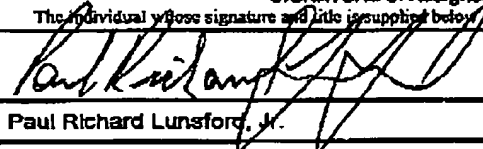
Assignee Name and Address:

Acom Cardiovascular, Inc.
601 Campus Drive
St Paul, Minnesota 55112

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

| | | | |
|-----------|---|------|-------------|
| Signature |  | Date | FEB 22 2006 |
| Name | Paul Richard Lunsford, Jr. | | Telephone |
| Title | President and Chief Executive Officer | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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F&B(10-05) SB/96 (09-04) 331597

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Clifton A. AlfernessApplication No./Patent No.: 10/672,227Filed/Issue Date: September 26, 2003Entitled: CARDIAC REINFORCEMENT DEVICEAcorn Cardiovascular, Inc.a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Clifton A. AlfernessTo: Acorn Medical, Inc.

The document was recorded in the United States Patent and Trademark Office at

Reel 8315, Frame 0463, or for which a copy thereof is attached.2. From: Acorn Medical, Inc.To: Acorn Cardiovascular, Inc.

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3. From: _____

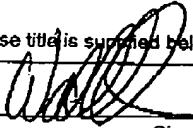
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.**[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]**

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

| | | | |
|---|--|-------------------|--|
|  | | February 27, 2006 | |
| Signature | | Date | |
| Walter C. Linder | | 612-766-8801 | |
| Printed or Typed Name | | Telephone Number | |
| Attorney of Record | | | |
| Title | | | |

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